Motto: Stop the bugs. Infection Prevention is Everybody’s Business!

TITLE of the Committee
INFECTION CONTROL ACTION COMMITTEE (ICAC)

Intention of the Committee
To implement systems to prevent and manage healthcare associated infections (HAI) and communicate these to all the workforce to achieve appropriate outcomes.

Functions of the committee
The intention of this committee is to apply the standard stipulated by the Australian Commission on Safety and Quality in Health Care. To achieve the above standard within the Newborn Care Division, this committee’s role is to implement the following criteria and functions:

1. Effective governance system for infection prevention and control – Achieved by implementing and monitoring the use of policies, procedures and/or protocols within the Newborn Care Division for:
   i. Standard infection control precautions
   ii. Aseptic non-touch technique
   iii. Transmission-based precautions
   iv. Safe handling and disposal of sharps
   v. Prevention and management of occupational exposure to blood and body substances
   vi. Environmental cleaning and disinfection
   vii. Antimicrobial prescribing
   viii. Outbreaks or unusual clusters of communicable infection
   ix. Surveillance and reporting of data where relevant
   x. Processing of reusable medical devices
   xi. Single-use devices
   xii. Reporting of communicable and notifiable diseases
   xiii. Provision of risk assessment guidelines to workforce
   xiv. Exposure-prone procedures

b. Regular reporting to the higher levels of governance in the division including Newborn Management Committee and the Hospital Patient Safety and Quality Committee and the Hospital Infection Control Committee

c. Undertaking surveillance of healthcare associated infections – A specific focus will be on the following as per the recommendations of the Australian Commission on Safety and Quality in Healthcare:
   i. Monthly audits of CLABSI (Number of central line associated blood stream infections/central line days X 1000)
   ii. Monthly reporting on Staphylococcus aureus bacteraemia
   iii. Monthly reporting on Clostridium difficile infection
   iv. Investigation of every case of Staphylococcus aureus bacteraemia and Clostridium difficile infection
d. Undertaking quality improvement activities to reduce the healthcare associated infections

2. Strategies for the prevention and control of HAI – achieved by
   a. Facilitating implementation and auditing Hand Hygiene Program within NICU
   b. Assisting the Hospital Infection Control CNC in implementing and monitoring Workforce Immunisation Program
   c. Monitoring the compliance with the system for use and management of invasive devices including Needle stick Preventions
   d. Training the clinical staff in aseptic non-touch technique

3. Assisting and liaising with the Hospital Infection Control CNC and the senior management in managing patients with infections or colonisations.

4. Antimicrobial stewardship – achieved by
   a. Regularly reviewing the effectiveness of the antimicrobial prescribing policies.
   b. Weekly Paediatric Infectious Diseases Ward Rounds by Paediatric Infectious Diseases Team lead by Dr Pam Palasanthiran (every Tuesday 11.30 AM)

5. Assisting and liaising with the Hospital Infection Control CNC and the senior management in developing and implementing Cleaning, disinfection and sterilisation Measures

6. Communicating with parents, carers and visitors and providing information on infection risks in NICU and the role they play in reducing the infections.

Structure of the Committee
- The committee consists of the following members including:
  - Nominated nursing staff from NCC
    - Pip Mcconnell (July 2011-)
    - Renee Sherriff (July 2011-)
    - Katie Loffler (July 2011-)
    - Jenni Sandell (July 2011-)
    - Susan Walsh (July 2011-)
  - Neonatologist
    - John Smyth (July 2011-)
  - Neonatal Fellow
    - Pramod Pharande (July 2011-)
  - NCC Clinical Nurse Consultant
    - Kwee Bee Lindrea (July 2011-)
  - Infection Control Clinical Nurse Consultant
    - Margaret Evans (July 2011-)
  - NCC Audit Manager
    - Diane Cameron (July 2011-)

- The committee periodically reviews the membership and elects the chairperson

Meetings
- Meetings shall be held every month (3rd Tuesday at 12 MD).
- Minimum quorum for the meeting will be 4 members.
- A structured format and agenda is followed to conduct the meetings.
- Minutes of the meeting are forwarded to Newborn Services Management Committee (Denise Gordon) and NCC Clinical Operations Committee (Kwee Bee Lindrea).
- Standing items for the meetings include:
1. Early-onset and Late-onset Blood stream Infection rates for the preceding month
2. CLABSI Rates for the preceding month
3. Any S aureus BSI, any multi-resistant BSI (MRSA, CMRSA, Gram negatives, MBLS, ESBLs) and Clostridium Difficile infections in the preceding month.
4. Topical infections including eye and skin infections
5. Hand Hygiene Audits – ongoing (200 moments – 4 times a year)
6. Bare below the elbows audit – 4 times a year
7. Sharps audits – Twice a year
8. Peripheral IV audits - Quarterly
9. Annual latex/dermatitis audits
10. Annual Infection Control Quiz

Reference

